

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000067269

1. Entity Name
REGAL POINTE, INC.



Principal Place of Business

132 W. PLANT ST
SUITE 200
WINTER GARDEN, FL 34787

Mailing Address

PO BOX 770609
WINTER GARDEN, FL 34777

FILED
Apr 14, 2008 08:00 AM
Secretary of State



03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3528023	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRATT, JAMES R
369 N NEW YORK AVE, 3RD FL
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JUNE, ROHLAND A II
STREET ADDRESS	PO BOX 770609
CITY-ST-ZIP	WINTER GARDEN, FL 34777

TITLE	D
NAME	HOLSTON, ROBERT
STREET ADDRESS	PO BOX 770609
CITY-ST-ZIP	WINTER GARDEN, FL 34777

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rohland A. June

4/9/08

Date

407-905-9180

Daytime Phone #